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ABSTRACT

Prepared in response to a request from members of the United Methodist Church, this guide can be used with high school students generally, if the theological orientation is recognized. The guide provides opportunities, in four lesson outlines, to share experiences concerning alcohol use, to present information regarding the effect of alcohol on mind and body, and to explore guidance offered by Christian theology and Methodist tradition in use and abuse of alcohol. Appendices include a precourse and postcourse questionnaire with instructions for use, and a section in judging and selecting teaching media and resources. Resources used in the curriculum, as well as supplemental resources, are fully cited. (BEF)

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ALCOHOL AND YOU

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THE UNITED METHODIST CHURCH

ALCOHOL AND YOU

MAY 1 - 1979

A Curriculum on Alcohol Education for United Methodist Students 9th through 12 grades in church school was written

by

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New York Conference
United Methodist Church

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Editor
–1976–

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ALCOHOL AND YOU was developed with the support and guidance of a special task force appointed by the New York Annual Conference to provide a curriculum of four (4) lessons on alcohol education for United Methodist Students, 9th-12th grades, in church school.

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FOREWORD

There is a growing consensus that drinking is the number one personal and social problem in American life. I have been alerted to this not by religious leaders and their analyses of what we face today, but rather by secular writers and wordly organizations related to the problem of drinking and alcoholism. As I drive throughout the New York area I hear the radio reporting on the problems individuals, businesses, industry and families confront as a result of drinking adults, youth, and even children. I likewise note how much free time television gives to this matter. Only an issue of the most inclusive dimensions gets attention like this.

For too long we in the church have been dealing only remotely with this problem which threatens so many.

The lesson materials in this booklet are pecularly a contribution to the solution of this problem by the educational and spiritual leadership of the New York Conference of The United Methodist Church. I rejoice in the talent committed to the preparation of these lessons and commend them to all churches in our constituency for early use.

These lessons prod the conscience, stir the mind to rational consideration, and have the potential of getting a discussion and study of the problem going between the sexes, in families, and among the various age groups in church and society.

Well used, these lessons can begin a process that will save some from the tragic use of alcohol, and enable others to overcome the use of it which is threatening their families, their careers, their very lives and souls.

Here is a tool well prepared and honed which every reader and teacher can help perfect in the contemporary struggle to overcome one of the most vicious influences in our everyday life.

W. Ralph Ward, Jr.
Resident Bishop, New York Area
The United Methodist Church
December, 1975

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Many persons have contributed to this Curriculum. To list them all would be impossible. We would like to make an attempt, nevertheless, to mention those persons whose help was indispensable.

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Finally, a special word of gratitude is in order to Mr. William H. Veale, President, The National Foundation for Highway Safety, Inc., who for over thirty years has insistently expressed the need for this program. He took a firm position and provided steadfast leadership by keeping the issue before us when alcohol education was not popular.

To the team leaders and members, we sincerely hope that learning about alcohol will prove to be a rich and most rewarding experience for you and your students.

OBJECTIVES

The New York Conference of The United Methodist Church prepared this publication in response to a request from its members for a curriculum on alcohol education for United Methodist students in 9th through 12th grades in church school. The stated objectives in the creation of this curriculum were the following:

1. to provide an opportunity for youth to share their own experiences concerning the use of alcoholic beverages;
2. to present information regarding the effect of alcohol on the body and mind; and
3. to explore the guidance offered by Christian theology and Methodist tradition in the use and abuse of alcoholic beverages.

INTRODUCTION

Alcohol is perhaps man's oldest tranquilizing drug. Social drinking is widespread. However, until recently, there has been little information on exactly how it affects the human body and brain.

As a result of scientific experiments, into the relationships between alcohol and every aspect of the human physiology, researchers believe that "alcohol may be harmful to anyone who drinks substantially and regularly, whether he can be considered an alcoholic."[1] An alcoholic has been loosely defined as a person who is "dependent on alcohol to the extent that it impairs his relations with other people, his work or his health."[2]

The current intensification of research is due to the new awareness of the problems that alcohol consumption creates. Correspondingly, there has been an increasing interest on the part of both lay people and professionals in alcohol education. A survey of the literature reveals that there is agreement that the family should not be left alone with the responsibility for the physical, moral and social development of youth. The community, school and church have an obligation to share this responsibility. Facing a problem of the magnitude that the unwise consumption of alcohol has created, these groups are called to assume their share of the task ahead.

General Conference Statement:

The United Methodist Church recognizes its responsibility in the following statement adopted by the 1972 General Conference:

"We assert our fundamental concern with the problems of alcohol and affirm our conviction that the choice to abstain from the use of alcoholic beverages is sound and is a wise witness to God's liberating and redeeming love for mankind.

This witness is especially relevant in a pluralistic society where drinking is so uncritically accepted and practiced; where excessive, harmful, and dangerous drinking patterns are so common; where destructive reasons for drinking are so glamorized that youthful immaturity can be exploited for personal gain; where alcohol contributes to a great proportion of fatal traffic and industrial accidents; where millions of individuals and their families suffer from alcoholism and countless others from various drinking problems; and where alcohol is a factor in many other social problems such as crime, poverty and family disorder.

This the recommendation of abstinence to members of The United Methodist Church is based on a critical appraisal of the personal and socio-

[1] Arthur Fisher, "Sober—Yet Drinking Too Much," The New York Times Magazine, May 18, 1975, p. 16.

[2] Ibid

cultural factors in and surrounding alcohol use, the detrimental effects of irresponsible drinking on the individual and society and a concrete judgment regarding what love demands. The church recognizes the freedom of the Christian to make responsible decisions and calls upon each member to consider seriously and prayerfully the witness of abstinence as a part of his or her equipment for Christian mission in the world. Christian love in human relationships is primary, thereby making abstinence an instrument of love and always subject to the requirements of love. Persons who practice abstinence should avoid attitudes and self-righteousness which express moral superiority and condemnatory attitudes toward those who do not abstain.

We believe that concern for problems derived from alcohol consumption, carries with it the inherent obligation to seek the healing and justice in society that will alleviate the social conditions which contribute to and issue from alcohol problems. Therefore:

1. We urge every local congregation and each member to demonstrate an active concern for alcoholics and their families and for all persons with drinking problems. Basic to this concern is an informed mind and compassionate heart which views the alcoholic without moralism and with empathy.
2. We urge churches to make education about alcohol problems and the value of abstinence an integral part of all drug education efforts.
3. We favor laws to eliminate the advertising of alcoholic beverages.
4. We encourage churches to develop special action programs in alcohol problems which include preventive education in the family, church and community; utilizing mass media to develop responsible attitudes toward alcohol, alcohol use, and alcohol-related problems; care, treatment, and rehabilitation of problem drinkers; measures to prevent persons from driving while under the influence of alcohol; the achievement of appropriate and effective legal controls; and the stimulation of sound empirical research.
5. We urge the health system, especially United Methodist related hospitals, to accept alcoholism as a medical-social-behavioral problem and to treat the alcoholic person with the same attention and consideration as any other patients".[3]

Impact On Youth

According to the Health, Education, and Welfare Second Report on Alcohol and Health, from 71 to 92 percent of high school students have at least tried alcoholic beverages. Findings from the 1974 national

[3]Board of Church and Society, The United Methodist Church, Drug and Alcohol Concerns, General Conference Resolution, Atlanta, Georgia, 1972, pp. 6-8.

survey of junior and senior high school students indicate that among 7th graders, 63 percent of the boys and 54 percent of the girls have had a drink. The proportion of teenagers drinking increased with each grade to 93 percent of 12th grade boys and 87 percent of 12th grade girls. One out of 7 male high school seniors admits to getting drunk at least once a week, and 36 percent of all high school seniors report that they are drunk at least 4 times a year.

We must be aware that even adolescents who have not had a drink themselves have observed adults or other teenagers who do drink. By the time they enter junior high, most young people have developed their own conceptions and misconceptions about alcohol. They have some definition of alcoholism and how it differs from simple drunkenness. Most 9th to 12th graders are at least aware of, if they have not already experimented with, drugs other than alcohol such as marijuana or tobacco. We are dealing therefore with a relatively sophisiticated population.

In designing this curriculum, we have relied on evaluations of previous alcohol drug education programs which show that simply providing information or teaching facts, no matter how interesting, accurate or frightening, does not appreciably affect decision-making or alter behavior.

While it is important to provide as much information as possible, it is equally important to interpret the attitudes and pressures that affect drinking behavior. People who choose to absain will be faced with situations in which they will feel pressured, subtly or directly, to use alcohol. It is especially important that teenagers learn to understand these pressures and to develop suitable methods of coping with them. It is likewise important that people who choose to drink themselves understand and respect another person's decision to abstain. As the lack of guiding moral values in relation to alcohol and its use has severely handicapped youth in dealing with the problem, we recognize the duty of the United Methodist Church to provide the fundamentals which can serve as a basis for the decisions youth must eventually make.

Believing that youth must have the opportunity to examine their own feelings about alcohol and what they perceive to be the attitudes and mores of the society as a whole, this curriculum has been designed to allow maximum student participation. The content has been selected from great abundance of data and facts that can easily overwhelm the student. Our intention has been to give enough information so that students who are confronted with the decision to drink or not to drink can make an educated and responsible choice. If any of the students or teachers want to acquire more detailed information, a selection from our abundant bibliography will lead them to certain satisfaction.

Guidelines for Implementation

The optimum conditions for learning will depend on the local acceptance of the curriculum and the ideas implied in it. Some suggestions or guidelines for implementation are offered in the following:

1. The curriculum will be successful only in response to a locally recognized educational need. Therefore, there must be sufficient understanding and sympathy from the total church. To express this understanding we suggest that the Administrative Board members, youth leaders, church school staff members, parents and church community give their full support to this endeavor.

2. The four lessons may require 8 to 16 sessions or class periods. For example: An afternoon youth group schedule may allow for an hour or more for each session whereas a group meeting on Sunday morning may have 30 to 40 minutes for a lesson. Each lesson will take from 2 to 4 hours if adequate time is allowed for students to interact with each other and with the teacher.

3. The lessons are sequential and it is recommended that each student complete all four lessons by participating in the same group from the beginning to the end of the program. A student may sign a written contract to accomplish this purpose.

4. Because of the emotional nature of a curriculum dealing with alcohol education, attempts should be made actively to involve parents in the education process. A letter might be sent briefly outlining what is being taught, how the classes will be conducted and explaining that the curriculum seeks to interpret the 1972 General Conference, United Methodist Church recommendations concerning alcohol. One of these recommendations urged local churches to make education about alcohol problems and the value of abstinence an integral part of all drug education efforts. Most parents will appreciate being informed and consulted on their children's education. In addition, parents might be invited:
   a. to visit and observe the class;
   b. to participate in the class as a resource person;
   c. to assist in providing resource materials for the class;
   d. to suggest ideas to be included in the curriculum;
   e. to respond to their children's at-home discussions related to the curriculum.

5. The need for an available library with supplementary material for support is obvious. Reference books and pamphlets should be provided and kept current. Instructional aids such as tape recorders, film and slides are of great value. A list of teaching resources appears in the Bibliographic and Resources section of this Curriculum. Guidelines for selecting additional resources have also been included in Appendix B.

6. The final recommendation is that the same curriculum team leaders and members remain with the program throughout the entire course. The significance of able, stable leadership is obvious. In addition to spiritual devotion and intellectual ability, the leadership should have a high level of human relations' skills and managerial ability. It is not

necessary that any one person possesses all of the skills mentioned but that they exist among persons selected for the team. Shared decision-making stands out as the single most important element of obtaining a successful responsible program.

Evaluation Instruments

To verify the effect, or lack of it, that this course will have in changing the level of information as well as the attitudes that the students have in respect to the use of alcohol, short precourse and postcourse questionnaires have been specially designed to be used at the beginning and at the end of the course. These are most helpful evaluation tools and they have been placed in Appendix A to be readily accessible for reproduction as needed.

Finally, it is important that, in relating their attitudes, the students be made to realize that they are not being asked for "right or wrong" answers. They are only asked to express their own feelings. Student's opinions should be not only welcomed by actively sought. The students should be encouraged to address their questions and opinions to each other as well as to the teacher and should be prompted to respond to each other's comments.

During all these exchanges the teacher must keep in mind that the purpose of this course, more than mere dissemination of information, is to shape individual values in the making of a personal decision in relationship to alcohol.

LESSON I ALCOHOL AND YOU: TEEN-AGE DRINKING

OBJECTIVES: To examine and seek an understanding of the attitudes influencing teen-age drinking.

CONTENT:

Most teen-agers who begin to drink do so at home with parental supervision. Usually this occurs on holidays or other special occasions, such as weddings or christenings. As the teen-ager grows older, most drinking takes place outside the home with little or no adult supervision. The percentage of adolescents who report drinking at night, in cars, increases 50 percent from the 9th grade to the 10th grade.[1]

"Permissiveness is sometimes thought to be a contributing influence in the development of drinking among teen-agers." Nevertheless, though "drinking is less widespread among children and adolescents who live in environments that forbid the use of alcoholic beverages," there are some indications that "problem drinking is higher among youth in restrictive environments and lower in more permissive ones." A study of Mississippi high school students indicates a realtionship between parental disapproval of drinking and an increase in the percentage of adolescent problem drinkers. In a study of college students, drinking was found less widespread in colleges that frown on drinking. But the highest proportion of drinkers who reported having been 'tight' or 'drunk' occurred in the very same colleges. Laws and other restrictions may thus bring young people together in trying to obtain alcoholic beverages and drinking them, and so promote and intensify problem drinking by isolating it from regulating social controls. The restrictiveness may result in young persons' being introduced abruptly to heavy drinking, instead of letting them gradually explore the effects of alcohol in socially protective environments.[2]

Adolescents do not invent their attitudes toward drinking; they do not respond to alcohol from a vacuum of inexperience. Even before they have tasted their first drink, they have been exposed to adult attitudes and parental drinking habits. Whether parents drink heavily, moderately or not at all, their actions strongly affect the drinking patterns of their children. In most cases of drinking behavior that have been studied, the connection between what parents do and what their children do is consistent.

One of the most favored explanations of why teen-agers drink is that of social pressure from other adolescents. "All the other kids do it", "all my friends drink." The need to belong is specially intensified during

[1] *Alcohol & Health: New Knowledge.* Second Report to the U.S. Congress by the Secretary of Health, Education and Welfare, June 1974.

[2] Ibid.

this period of life, and teen-agers are indeed quite vulnerable to the opinion of their peers. However, there is no evidence that suggests adolescents judge acceptability of one another on whether alcohol is used. It is, perhaps, more realistic to believe that teen-agers learn the 'etiquette' of drinking from their peers while the decision to drink or not to drink is based on other considerations. What kind of beverage is used, and how much and under what circumstances, may often be influenced by what the peer group as a whole does. While the first drink is usually consumed at home, most studies indiciate that "hard" liquor is tried for the first time in the presence of other friends. Drinking with friends is usually a way of experimenting with alcohol, of going a little beyond what parents might allow.

Many people view teen-age drinking as a type of rebellion against adult society, but drinking is an accepted adult behavior. It is not surprising that teen-agers, who are "practicing" to be adults in so many other ways, should view drinking as being "grown up." They may drink to show that they can "hold" their liquor; they may drink to appear sophisiticated; they may drink to overcome sexual anxiety. But the use of other drugs more clearly reflects the rebellion theory than does the use of alcohol. Teen-agers may try marijuana just because their parents drink. The counterculture of the 60's rejected alcohol simply because it was accepted by the "establishment," but as radical protests and its symbols declined, adolescents turned, once again, to the drug most readily available. Frequently, parents were so relieved to find their children not smoking pot or shooting heroin that they unconsciously encouraged the use of alcohol as a substitute for other drugs.

Undoubtedly, one influence that permeates teen-agers' decisions is the advertising about alcohol to which they are subjected in most media. If Madison Avenue tells us that to drink is elegant, "cool," and sexy, repeatedly and relentlessly, some of us will finally have that image engraved subliminally in our memory. If drinking alcohol makes a man more "masculine" and a woman more "liberated," it is suprising that adolescents, who are in the most malleable age, making decisions for themselves, rehearsing the roles that they will play in adulthood, are influenced by this type of advertising? If one is bombarded by advertising campaigns that show that "smart," "rich," "elegant" or "successful" people drink, one will want to identify oneself with the "winners", and by a subconscious association that skips the processes of logic will resort to the "props" that have been implanted by the advertisers. The success of the campaigns to convince the public are aptly demonstrated by such things as the cocktail glass that has become a symbol of sophistication in a manner that is universally accepted.

For this reason, it is of paramount importance to try to teach youngsters to look at advertising critically, especially at advertising of agents such as tobacco or alcohol which are known to be damaging to health, but which are "glamorized" and sold for reasons that are extraneous to the product.

METHOD:

In this first lesson it is important that students begin to define their own attitudes towards alcohol.

1. The short prelesson questionnaire will help in accomplishing this purpose.
2. Open-ended discussions that center on what students perceive to be the influences or pressures on drinking behavior will be of use (See partial list of "Reasons Why People Drink", at end of Lesson I).
3. A discussion of a film or filmstrip such as *"Alcohol: A Dilemma For Youth."*
4. Another important task will be to examine critically some form of alcohol advertising and analyze, in class, the message that the interested parties are trying to put across. Students act out advertisements which encourage drinking and then act out ads, using similar inducements, which discourage alcohol use. A variation would be to have students design a collage of liquor ads and a counter-collage using the same type ads to promote non-drinking; or students could be asked to interpret liquor ads without seeing the captions.

SUGGESTED ACTIVITIES:

Students Role Play

1. Reactions of parents who discover their teenager drinking.
2. Restrictions they, as future parents, would set for their own children.
3. Methods of coping with pressures to drink in varying situations such as at a party, with friends at home, on a date or school outing, at a dinner during which wine is served.
4. Types of action to take if they discover that the driver of a car in which they are to ride has been drinking.
5. TV "talk" shows in which the moderator interviews his guests about their drinking or non-drinking behavior. (Students might role-play contemporary or historical personalities whose drinking attitudes are well-known).
6. Responsibilities of the host and hostess at a party involving drinking. Have they provided non-alcoholic beverages as well? How do they respond to the guest who drinks excessively? How do they respond to the guest who abstains from alcohol? How do they react to the drinking guest who encourages a non-drinker "just to have a little nip"? How do they deal with an intoxicated guest who wants to drive?
7. Their own definitions of an alcoholic.

WHY PEOPLE DRINK OR DO NOT DRINK

Partial list of possible reasons given by students on why people do or do not drink.

a. Some people drink because they like the taste.

b. Some people drink because their parents drank.

c. Some people drink because they say they like the way alcohol makes them feel.

d. Some people drink as a means of celebrating special occasions.

e. Some people drink out of curiosity.

f. Some people drink to relieve worries, anxieties, tension, fatigue and anger.

g. Some people drink because of social pressures.

h. Some people drink wine with their meals because it is traditional for them to do so.

Students should then define reasons why people do not drink; such as:

a. Some people abstain because the church to which they belong prohibits its use.

b. Some people have personal convictions against the use of alcohol.

c. Some people abstain because their parents abstained.

d. Some people do not like the taste of alcohol.

e. Some people consider the beverage too expensive. They abstain for economic reasons.

f. Some people refrain from using alcohol because of ill health or because of an allergy to alcohol.

g. Some people object to consuming anything that will impair or alter mental, emotional or physical functions.

h. Some people do not drink because they have not yet reached the legally defined age for drinking.

Students should then be encouraged to react to the perceived influences on drinking behavior. By acting out or role-playing, they may uncover their own feelings which are not so easily defined.

EVALUATION:

Precourse questionnaire should be administered to each student during the early part of this lesson and should take about half an hour. See Appendix A.

As in this first lesson we are particularly interested in investigating the attitudes that the students bring to the course, the evaluation of the

success of the teacher will be found in the degree in which he or she can extract responses from the students.

A most important evaluation of the success of the lesson will be derived from the student's critical examinations of alcohol advertising.

LESSON II PHYSICAL EFFECTS AND BEHAVIORAL CONSEQUENCES OF DRINKING

OBJECTIVES: To examine the effects of alcoholic beverage consumption on the body and to develop an understanding of its behavioral consequences.

CONTENT:

Alcohol is normally present in all mammals and is continually produced in the intestinal tract by the action of micro-organisms on soluble sugars. Judging from the rate of alcohol production in the intestines of rats, it can be calculated that even a total abstainer produces enough to equal a quart of 3.2 percent beer per day. But this alcohol never reaches the human brain because almost 99 percent of it is metabolized by the liver before entering the bloodstream.[1] The type of alcohol most commonly consumed, ethyl alcohol, is produced by fermentation, a process by which sugar is converted into alcohol through yeast action. There are two kinds of alcoholic beverages produced by this process: distilled and undistilled.

Undistilled liquors include wine, beer, ale, and hard cider. Most wines contain between 12 and 14 percent concentrate' alcohol, although it may range as high as 22 percent. Most American-mad beer contains 4 to 5 percent alcohol while ale contains 6 to 8 percent. Ha' cider contains 9 to 10 percent alcohol.

By contrast, distilled liquors such as brandy, gin, v a, and the whiskies (scotch, bourbon, nd rye , contain much higher pe ntages of pure alcohol: an average drink of a distilled liquor contains one lf ounce of pure alcohol.

Within two or three minutes after a few sips of a drink, alco l can be detected in the bloodstream. Because of its low molecular weigh and high solubility in water, alcohol is absorbed very rapidly in the stomach and small intestines. Once in the bloodstream, the alcohol is circulated to each organ, tissue, and cell. By simple diffusion, alc ol leaves the bloodstream and enters the body cells. In the meantime, th iver has begun to act on the alcohol to oxidize it or to break it down i to substances that the body can use. Oxidation is a process by which the cells combine dissolved substances in the blood with oxygen, thereby releasing heat and energy. A 150-pound person can effectively oxidize only about one drink per hour without becoming drunk. "Sobering up" depends entirely upon this process. Cold showers, black coffee, fresh air, exercise, etc., do not speed up the rate of oxidation. Becoming sober is entirely a matter of time.

[1] *Alcohol & Health: New Knowledge.* Second Report to the U.S. Congress by the Secretary of Health, Education and Welfare, June 1974.

Because of the essential role played by the liver in oxidizing alcohol, it is not surprising that cirrhosis (the hardening and disintegration of the liver) is the major cause of illness and death in alcoholic persons. Hepatitis also occurs in alcoholics or problem drinkers at a much higher rate than in the rest of the population. In addition, a relationship clearly exists between cancer of the liver and alcoholic cirrhosis. The most common effect of alcohol on the liver is an accumulation of fat in varying proportions of the liver cells, called "fatty liver". This disease is reported to be an important cause of sudden death in individuals between the ages of 25 and 44. As we do not want to frighten the students unduly, it is important to remember that if drinking is controlled, a lightly damaged liver can repair itself without leading to seriously impaired functions.[2]

Moderate drinking has no irritant effect on the stomach. Drinking excessively, however, may irritate the stomach lining so that chronic gastritis results. Vomiting and nausea frequently follow excessive drinking, particularly in the care of a person unaccustomed to alcohol.[3]

Recent studies have indicated that ever moderate amounts of alcohol can stretch the tissues of the cardium or main heart muscle, but nonexcessive use of alcohol seems not to affect adversely the overall death rate from coronary heart disease.[4] It is useful to recall that cigarette smoking is a significant risk factor associated with heart attacks.

Pregnant alcoholics transmit many of the physical problems of the disease to their unborn children. At birth these infants experience the classic symptoms of alcohol withdrawal. In some children these withdrawal symptoms of nervousness, crankiness, and tremors appear to continue well after birth. The symptoms are the apparent result of damage done to the fetal nervous system during its development in the uterus and are in no way temporary. Researchers report that 44 percent of the infants born to chronic alcoholics studied to date, had an I.Q. of 80 or less (average I.Q. is 100). Unlike babies born malnourished, alcoholic babies do not appear to catch up physically or mentally with other children their ages.

[2]Ibid.

[3]Ibid.

[4]Ibid.

[5]Milles, Samuel A., Editor, *Learning About Alcohol*, A Resource Book for Teachers, American Association for Health, Physical Education and Recreation/A National Affiliate of the National Education Association, Washington, D.C., 1974, P. 132.

BLOOD ALCOHOL CONCENTRATION CHART

No. of Drinks in Relatively Short Period of Time	Physical and Psychological Effects	Blood Alcohol Concentration Percent
1–2	Mild relaxation-slight change in existing mood; slight feeling of muscle relaxation.	.02–.05
3–4	Moderate impairment-of critical judgment; reaction time; simple muscular coordination.	.05–.10
5–6	Major impairment-of complex physical and mental skills; some respiratory depression may begin at .15.	.10–.15
7–8	Obvious intoxication-loss of motor control; mental confusion; significant respiratory depression.	.15–.20
9–10	Severe intoxication-minimum conscious control of body and mind; increased respiratory depression.	.20–.30
10–20	Unconsciousness; deep coma; death may result from severe respiratory failure at .50 and higher (Although death from an acute episode of drinking is rare because the person becomes unconscious before respiratory failure occurs.	.30–.60

Because of individual variations, reactions of any individual may differ from the averages. a "drink" is generally defined as follows:

	Amount of Beverage	Percentage of Alcohol	Amount of Alcohol (Ounces)
Beer	11 ounces	5%	0.60
Wine	5 ounces	12%	0.60
Whiskey	1.5 ounces	40%(80 proof)	0.60

The New York State Vehicle and Traffic Law, Section 1192.2, establishes a presumption than an automobile operator is driving while intoxicated, which is a crime, if he has .10 of 1 percent or more blood-alcohol concentration. The law reads:

> "Sec. 1192. Operating a motor vehicle while under the influence of alcohol.
>
> 2. No person shall operate a motor vehicle while he has .10 of one per centum or more by weight of alcohol in his blood.***
>
> 5. A violation of subdivision 2 of this section shall be punishable by imprisonment in a penitentiary or county jail for not more than one year.[6]

Technically, alcohol is a depressant. In small quantities, it acts as a mild tranquilizer and in large quantities as an anesthetic. A high concentration of alcohol impairs the normal functioning of the brain cells. Since all voluntary movements are under the brain's control, any alteration in the brain's efficiency will be reflected in muscular coordination. The slurred speech of an intoxicated person is the result of alcohol acting directly on the vocal muscles.

The intoxicating effects of alcohol also depend upon the size of the person. A 115-pounder who tries to match drinks with a 200-pound companion will become intoxicated more rapidly than his friend. The 200-pounder has a greater volume of fluid in his tissues and a greater number of tissue and cells. Thus, the same number of drinks will not produce as high a concentration of alcohol in him as in a smaller person.

In noting the effects of alcohol on an average person of average size, it is important to remember that behavior is affected by numerous other factors. Among them are the following:

Factors Affecting Behavior

Setting: Drinking behavior often depends on the nature of place and companions. A teen-ager drinking with friends may feel high after only one drink. But if the same person is having dinner with a date he wants to impress, one drink may seem not to have any effect at all.

Mood: If a person is tense or angry, he may drink enough to erase the problems from his mind. But when a person is relaxed, he may stop after experiencing the effect of just one drink. A person who is drinking to have an excuse to relax normal inhibitions may exaggerate the effect of the alcohol.

[6]New York State Vehicle And Traffic Law; 1972 Amendment; Subd. 2, L. 1972, C. 450

Attitudes: How a person feels without alcohol and for what reason he uses it depend largely on attitudes experienced while growing up. If parents drank moderately on social occasions, the person will probably look on drinking as a social activity. If parents spoke of "needing a drink," a person might view drinking as a coping mechanism or problem-solving device.

Drinking Experience: A person who has previously used alcohol recognizes certain reactions that warn him to stop drinking. The inexperienced drinker, however, does not know how he will react to alcohol, nor has he learned to control his reactions.

Arthur Fisher, in an article in the *New York Times Magazine,* recommends that anyone who does wish to drink follow these strategies, based on the newest experimental evidence:

- Keep your consumption well below the danger level of 8 ounces of 86-proof whiskey for an average-weight man. This is about four highballs, and roughly the equivalent of a 25-ounce bottle of wine.
- Remember that the health risk associated with alcohol is proportionate to the total amount you consume per unit of your weight. The less you weigh, the greater is the risk from the same amount of alcohol.
- If you are a person with elevated serum triglycerides (a simple blood test will tell you), check with your physician before drinking at all.
- If you drink more than a couple of drinks a day, make sure to slip in some dry days between wet ones, to give your liver a chance to recuperate.
- Avoid high-proof, concentrated beverages. They corrode the gut and they assault the brain with high blood-alcohol levels. This means go easy on scotches on the rocks, dry martinis, balloon snifters full of cognac to be drained at a gulp, and Russian-style vodka toasts.
- Since food slows the absorption of alcohol into the bloodstream, don't drink on an empty stomach. In general, it is better to consume a given dose of alcohol as wine or beer — with meals.

Obviously, these "strategies" pre suppose serious consideration of the effects of alcohol abuse on the human body; however, one wonders whether the average consumer gives such thought to his or her use of beverage alcohol. Feeling that this is undoubtedly the case, the United Methodist Church recommends abstinence as the wisest course to follow in dealing with alcohol.

METHOD:

Because this lesson intends to impart the knowledge of a large amount of facts it is recommended to address the method used to this

primary purpose. Moreover, because there is such a great deal of misinformation concerning alcohol, teachers must use extreme care to provide up-to-date, accurate facts. Theories about the ill effects of alcohol that have no basis in documented research should be labeled as theories.

It is important, for instance, to make it clear that not all alcoholics suffer from liver cirrhosis and not all persons afflicted with cirrhosis are alcoholics.

It is too much to expect that, in discussing the behavioral effects of alcohol, the student be able to identify the setting and relate to the inner needs and conflicts that affect behavior. Nevertheless, he should be made to try to approach his appreciation of the situation with objectivity; it is not the same to condemn alcoholism and persons who suffer from this disease.

Short articles, such as the pamphlets mentioned in the Resources section, may be assigned for homework in the week preceding this lesson.

SUGGESTED ACTIVITIES FOR THE STUDENTS:

1. Trace the passage of alcohol through a diagram of the human body discussing the effects on muscles, organs and tissues.
2. Role-play the varying effects of alcohol on the body by computing their blood alcohol concentration using the chart provided in this chapter.
3. Role-play the effects of alcohol on people drinking for the first time.
4. Design and role-play a TV quiz show concerning the physical and behavioral effects of alcohol.
5. Role-play various parts of the human body reacting to ingested alcohol.
6. Role-play and compare the effect of sipping wine with a meal to having a drink on an empty stomach.
7. Role-play the effects of alcohol on persons of varying weight.

RESOURCES:

Various pamphlets that discuss the physical and behavioral aspects of alcohol use and abuse are available from the National Institute of Alcohol Abuse and Alcoholism, the headquarters of Alcoholics Anonymous and of Al-Anon, community mental health services, The National Council on Alcoholism, the North Conway Institute, The Methodist Church Center at Rye, New York and the National Board of Church and Society of The United Methodist Church, among others. A guest speaker from the local alcohol education center might be invited to address the class.

"To Your Health" and "Alcohol Education: What We Should Know About Alcohol" are two excellent audiovisuals.

EVALUATION:

Responses to questions and summaries.

LESSON III SOCIAL COSTS OF ALCOHOLISM AND PROBLEM DRINKING

OBJECTIVES: To examine the social consequences of drinking and some of the costs suffered by the family and industry and the relation of alcohol to crime and traffic accidents.

CONTENT:

According to the National Institute on Alcohol Abuse and Alcoholism, "Alcohol and alcoholism drain the economy of an estimated $15 billion a year. Of this total, $10 billion is attributed to lost time in business, industry, civil government and the military; $2 billion is spent for health and welfare services provided alcoholic persons and their families, property damage, medical expenses, and other overhead costs account for another $3 billion or more."[1] *But, the real cost of alcohol problems cannot be found in dollar figures. The true cost lies in wasted lives and human potential unrealized.*

The Family

The relationship between family conflict and excessive drinking is more complex than a simple cause and effect relationship. Children of alcoholic parents, estimated at over 28 million nationwide, may not only be the highest-risk group in terms of developing alcohol problems themselves (according to estimates 52 percent of alcoholics had an alcoholic parent), but they appear to incur a high rate of other behavioral problems. Research on emotionally disturbed children indicates that such children come from homes in which the relationship between the parents or between parents and children is in conflict.

Family conflict is intensified when drinking is involved. When excessive drinking is the response to inner personal difficulties, the conflict itself cannot be resolved. Drinking also interferes with normal family roles and lack of proper role models no doubt affects the behavior of the children. The anxiety produced leads to further disruptive behavior as family members seek to cope with the problem. New problems are met with more drinking and the process of family disintegration continues.

If the father is the problem drinker, he may be unable to hold a job and thus put additional strain on the family's resources. The wife, as she becomes more anxious about her husband, may neglect her role as mother. The children, guilty and anxious about their parents' behavior, may withdraw from their friends and do poorly in school. Without dealing with all the accompanying problems, the efforts of the entire family become di-

[1] *Alcohol & Health: New Knowledge.* Second Report to the U.S. Congress by the Secretary of Health, Education and Welfare, June 1974.

rected at controlling the problem drinker. Alcoholism is truly a family disease!

Industry

Lost production of goods and services amounting to 9.35 billion dollars in 1971 alone is directly attributed to the reduced productivity of problem drinkers. Annual loss to the economy resulting from alcohol abuse is estimated at 16 billion dollars per year. Of the nation's work force, 5 percent are estimated to be alcoholic and another 5 percent to have serious problems related to alcohol use.[2] According to the Christopher D. Smithers Foundation of New York, the alcoholic "is usually a skilled or semi-skilled person varying in age between 35 and 50. He has been at least seven years with the company, married, owns his own home and usually has two or more children. In short, a responsible member of the community."

The alcoholic worker averages a loss of 22 or more days from his job per year and dies 12 years sooner than non-alcoholics working in the same position. According to one survey, half of the nation's 9 million alcoholics either attended or graduated from college, 87 percent are employed in professional or management jobs, 30 percent do manual labor, and 25 percent are in white collar jobs. Only 3 percent of the alcoholics are on "skid row."[3]

In recent years industrial organizations have undergone a marked change in their attitudes toward problem drinking. There is a growing recognition of the cost of alcoholism to business and industry. The American Management Association states: "The business world now acknowledges four facts about alcoholism and the alcoholic: (1) alcoholism is an illness, not a moral problem; (2) it can be treated; (3) the alcoholic is worth treating; and (4) he, himself, is often the last to recognize or accept his problem."

Numerous business and industrial firms now have established programs for employees who are problem drinkers. Many companies either maintain a rehabilitation program of their own or motivate employees to seek remedial action on the outside. Industries with an alcoholism program that has been in existence for several years report 50 to 70 percent complete recovery. The New York Transit Authority estimates that in sick pay alone it has saved almost 1 million dollars annually because of its alcoholism program. James S. Kemper, Jr., of Kemper Insurance Group, states: "The most expensive way to handle the problem drinker is to fire or ignore him. The most profitable and effective way is to help him recover."

[2]Ibid.

[3]Burgess, Louise Bailey, *Alcohol and Your Health*. Charles Publishing Co., Los Angeles. 1973.

Crime

In 50 A.D. the Roman philosopher Seneca wrote: "Drunkenness does not create vice, it merely brings it into view. The haughty man increases his arrogance, the ruthless man his cruelty, the slanderer his spitefulness. Every vice is given free play and comes to the front."

Of those in prison for serious crimes almost 90 percent blame their criminal behavior on excessive drinking habits; 24 to 40 percent had been drinking excessively for several years before arrest. Research indicates that problem drinkers tend to commit more crimes against people than against property. (Heroin abusers, on the other hand, tend to commit property crimes rather than crimes of violence.) The National Commission on Causes and Prevention of Violence reports: "No drug, narcotic or alcoholic beverage presently known will, by itself, lead to violence. Nevertheless, the misuse or abuse of these substances may facilitate behavior which may result in violence to persons or property."

Nearly 35,000 persons were incarcerated for violent crimes associated with alcohol abuse during 1971, according to the National Institute on Alcohol Abuse and Alcoholism. An association with alcohol was reported in 64 percent of all murders, 41 percent of all assaults, 34 percent of all forcible rapes, and 29 percent of all other sex crimes. Other offenses such as drunkenness, disorderly conduct, driving under the influence of alcohol and vagrancy were classified as 100 percent alcohol-related. The total cost to the nation's criminal-justice system was more than one half billion dollars in the year 1971. These costs do not represent the cost of the crime to the victim or to the perpetrator (medical and legal fees, etc.).[4]

Traffic Accidents

Of the 120 million licensed drivers in the United States about 70 percent drink and drive at least occasionally. In 1972 in this country, 8 thousand young people died from alcohol-related traffic accidents.

Approximately 70 percent of all deaths between the ages of 15 and 25 are caused by motor-vehicle accidents, one half of these being directly attributed to alcohol abuse. One half of the total annual traffic fatalities are alcohol-related, and of those arrested on DWI charges (driving while intoxicated), 42 percent have a drinking history indicating alcoholism.[5]

"Alcohol affects three areas of the human organism, which are absolutely essential for the responsible handling of an automobile: (1) judgment; (2) reflexes; and (3) vision. As judgment deteriorates, the person feels that he is actually more skilled than while sober. He is, therefore, likely to take more chances in passing, speeding and negotiating curves than usual.

[4] *Alcohol & Health: New Knowledge.* Second Report to the U.S. Congress by the Secretary of Health, Education and Welfare, June 1974.

[5] Ibid.

"Coupled with his false sense of security is the driver's loss of acute reaction time. When alcohol is in the brain, a longer time span passes before the voluntary muscles can obey the messages sent by the brain. A blood-alcohol concentration of from .10 to .20 percent decreases reaction time by 10 to 30 percent. In an emergency even a fraction of a second can make a difference.

"The other area essential to driving is vision. The consumption of alcohol reduces depth perception, or the ability to determine relative proximity or distance of an object. The field of frontal vision is shortened considerably. The driver loses much of his peripheral vision so important for spotting pedestrians and objects outside the field directly in front of him. Another common effect is double-vision. The neuromuscular ability of the eyes to converge simultaneously is disturbed. Visual acuity, or the shortness of perception, is also seriously reduced by even moderate amounts of alcohol."[6]

Because teen-agers are more inexperienced with the use of both alcohol and automobiles, they are often more susceptible to the psychological aspects of intoxication. They are also more affected by alcohol than they would be as adults because they weigh less.

METHOD:

Students should begin to form definitions of alcoholism and problem drinking and be able to identify the symptoms. Discussion might begin with the following chart outlining the three stages of alcoholism.

Pre-alcoholic Stage

Inappropriate drinking behavior: A person begins to drink more heavily and more often than his friends. Getting "tight" becomes a habit.

Blackouts: Forgetting what happened the night before is not the result of passing out but is a type of amnesia. It occurs after normal drinking and develops into a definite pattern.

Gulping and sneaking drinks: A person tends to "toss off" drinks rather than sip them. He sneaks extra drinks or has a couple before a party. Feeling guilty, he avoids talking about drinking.

Chronic hangover: As drinking increases, "the morning after" becomes more painful and more frequent. This is the final danger signal.

[6] *Second Draft of School Alcohol Education:* K-12 Curriculum Guide, Alcohol Safety Action Program, University Extension, University of Wisconsin.

Early-alcoholic Stage

Loss of control: In this phase a person can refuse to start drinking, but he cannot stop drinking once he starts. A single drink will trigger the chain reaction, and he drinks himself to complete intoxication.

Alibi system: He feels guilty and defensive about his lack of control. An elaborate system of reasons for his drinking is constructed, partly to answer family and associates but mostly to reassure himself.

Morning Drink: The first drink of the day helps kill the painful hangovers and blunts feelings of guilt, remorse and depression.

Changing the pattern: Attempting to break the hold alcohol has on him, he sets up rules on when and what he will drink. He may go on the wagon for a period of time, but one touch of alcohol is enough to start the chain reaction again.

Anti-social behavior: He now prefers drinking alone or with other alcoholics. Brooding over imagined wrongs, he believes people are talking about him. In response, he may become destructive or violent.

Loss of job and friends: His drinking behavior causes him to be dropped from jobs, and many of his friends turn away. As a defense he may quit before he can be fired or drop his friends first.

Seeks medical aid: The physical and mental deterioration caused by excessive drinking leads him to make rounds of hospitals, doctors, psychiatrists. Yet he seldom receives lasting benefits because he refuses to cooperate or admit the extent of drinking.

Late-alcoholic Stage

Benders: He drinks for days at a time and disregards everyting — family, job, even food and shelter.

Tremors: He develops the "shakes," a serious nervous condition. Alcoholic diseases often appear in this period — vitamin deficiences, the DT's, etc.

Protecting one's alcohol supply: He will do or sell anything to get alcohol and will hide his bottles to protect them for future needs. The supply is the most important thing in his life.

Unreasonable resentment: He shows hostility to others, because they may be threats to his liquor supply and because he consciously or unconsciously desires to punish himself.

Nameless anxieties: He is constantly afraid of something which he cannot put into words. Feeling a sense of impending doom and destruction, nervous and shaky, he is unable to face life without the support of alcohol.

Collapse of the alibi system: No longer able to make excuses for himself or put the blame on others, he admits his drinking is beyond his ability to control.

Surrender: If he is to recover, he must be willing to seek and accept help and to give up the idea of ever drinking again.[7]

SUGGESTED ACTIVITIES FOR THE STUDENTS TO ROLE-PLAY

1. A problem drinker's response to family pressure to seek treatment.
2. Confrontations between an employer and a problem drinker. Analyze the attitude of the employer – is firing the only alternative considered?
3. Persons in various occupations trying to hide their drinking – doctor, truck driver, minister, housewife.
4. The effects of alcohol on driving ability based on blood-alcohol levels.
5. Passengers in a car driven by a driver who has been drinking.
6. Persons in varying stages of alcoholism.
7. The effects of alcohol as portrayed in activities such as advertisements, movies, films, and compare such behavior with the stages of alcoholism.

RESOURCES:

Guest speakers from AA, Al-Anon or Alateen could be invited to address the class. If not available, the teachers could briefly outline the services provided by each group. Information is provided by AA chapters in every community. Al-Anon membership is not limited to those whose relatives are AA members. Its main objective is to improve the personal lives of spouses, children, relatives and friends of problem drinkers. Banded together to try to solve their common problems, the members seek to develop humility, patience and honesty. Alateen, a branch of Al-Anon, is designed primarily for teen-agers who feel the need to share their problems with those of their own age who have similar problems with an alcoholic parent. Al-Anon and Alateen chapters are located in almost every community.

EVALUATION:

The students can be asked to summarize the lesson. A definite evaluation of what they have learned can be deduced from the answers they give to questions posed by the teacher.

[7] *What Is An Alcoholic?* Division of Alcoholism, Department of Mental Health, Charleston, West Virginia.

LESSON IV THE UNITED METHODIST CHURCH AND ALCOHOL

OBJECTIVES: To examine the guidance that The United Methodist Church gives us concerning drinking and to provide the students with the best arsenal to combat problems associated with the abuse of alcohol.

CONTENT:

"We assert our fundamental concern with the problems of alcohol and affirm our conviction that the choice to abstain from the use of alcoholic beverages is sound and is a wise witness to God's liberating and redeeming love for mankind.

"This witness is especially relevant in a pluralistic society where drinking is so uncritically accepted and practiced; where excessive, harmful, and dangerous drinking patterns are so common; where destructive reasons for drinking are so glamourized that youthful immaturity can be exploited for personal gain; where alcohol contributes to a great proportion of fatal traffic and industrial accidents; where millions of individuals and their families suffer from alcoholism and countless others from various drinking problems; and where alcohol is a factor in many other social problems such as crime, poverty and family disorder.

"Thus the recommendation of abstinence to members of The United Methodist Church is based on a critical appraisal of the personal and socio-cultural factors in and surrounding alcohol use, the detrimental effects of irresponsible drinking on the individual and society and a concrete judgment regarding what love demands. The church recognizes the freedom of the Christian to make responsible decisions and calls upon each member to consider seriously and prayerfully the witness of abstinence as a part of his or her equipment for Christian mission in the world. Christian love in human relationships is primary, thereby making abstinence an instrument of love and always subject to the requirements of love. Persons who practice abstinence should avoid attitudes of self-righteousness which express moral superiority and condemnatory attitudes towards those who do not abstain."[1]

It is only in the openness of Christian freedom and responsibility that the decision about the use of alcohol can be made. The General Conference statement thus places on the individual the choice of whether or not to abstain from the use of alcohol. The church upholds the right of the individual to choose the use of alcohol, but it clearly recommends abstinence.

[1] *General Conference Resolution on Drug and Alcohol Concerns, 1972.*

The National Council of Churches' Task Force on Alcohol and Drug Problems states: "Until a person has the capacity to shape his own life within the possibilities open to him, he is not free. True freedom is the possibility of accepting the responsibilities for realizing one's own God-given potential and the consequences of one's own decisions. When a person persistently turns to alcohol to cope with emotional and situational problems, he surrenders the freedom for decision-making to the chemical action of the drug on the brain and his capacity for self-determination is lost."[2]

Traditionally Christians look to scripture for help in making personal moral decisions. But in the case of alcohol, the Bible provides no clear-cut answer. Despite the centuries-old controversy, there are as many passages that support the use of alcohol as there are those that oppose its use. Continually to debate whether the wine used during the Last Supper was an intoxicating beverage or merely non-fermented grape juice serves only to obscure the responsibility of the individual for his own behavior and for the alleviation of social conditions that contribute to the misuse of alcohol.

Even after studying the many conflicting references in the Bible we can derive some very definite conclusions. Though the Bible clearly accepts the moderate use of wine in both the Old and New Testaments, in every place drunkenness is mentioned it is soundly condemned. It is never recognized as acceptable behavior by anyone. One might say the Bible condemns the abuse of wine at all times.

[2]*Problem Drinking: Report of the Task Force on Alcohol Problems*, National Council of Churches, 1973.

When we see that the Bible accepts the moderate use of wine as an approved custom of the day, we must stress the differences between the biblical era and the twentieth century. A comparison made by Douglas Jackson is very helpful to this purpose:

BIBLICAL ERA VERSUS TODAY

In Bible Times	Today
Wine had an alcoholic content of only 14 or 15 percent.	Alcoholic beverages today have a much higher alcoholic content.
Drinking was a family practice, set within the normal restraints of family mores. It was engaged in as a friendly social practice.	Drinking may be in family settings, but a large part occurs in bars and taverns and at parties and dinners, where family and other restraining mores do not operate. In addition, other factors operate to encourage drinking for its own sake. Modern advertising seeks to create a demand for use of alcoholic beverages.
Drunkenness in a simple, slowly moving, agricultural economy was harmful chiefly to the drinker and those immediately dependent on him.	Drunkenness, even minor drinking, in our highly industrialized society has come to have a new seriousness for all our people. A slow or false reaction by an engineer or pilot may jeopardize the lives of hundreds.[3]

John Wesley himself argued against distilled liquor on the basis of economic considerations such as the effect of the liquor traffic on the health of the poor. Arguing that the grain used to produce alcohol should go to feed the hungry, he criticized the "medicinal" benefits of alcohol and quite correctly identified the grain itself as being more nutritional than the alcohol it produced. (It is interesting to note that Wesley did not extend his criticism to non-distilled beverages such as beer and wine.)[4] Taken in historical perspective, Wesley's criticism of distilled liquor can be seen as an expression of Christian social concern for the human needs of society, especially for the underprivileged. Likewise, the five-point program outlined by the 1972 General Conference urges each local congrega-

[3]Jackson, Douglas, *Stumbling Block*, Abingdon Press, 1960.

[4]Cameron, Richard M. *Methodism and Society in Historical Perspective*, Abingdon Press, 1961.

tion to demonstrate active social concern regarding the problems of alcohol in our own society today.[5]

In defining the role of the church in preventing alcohol problems Bishop James K. Mathews of Washington, D.C., states: "There is continuing concern for the totality of human problems. There is continuing effort to understand, with both head and heart, all the problems which beset humanity and which have disruptive effects in individuals lives. . . . It need hardly be added that alcohol alone is not the problem; man alone is not the problem; but alcohol is a problem to man because man is a problem to himself."[6]

Recognizing each individual as a person of infinite worth and significance, the church seeks to support that individual in the quest for wholeness and fulfillment. The church's vision of wholeness, according to Bishop Mathews, "is a society where men can be free to live responsible lives of their own choosing." The enslaving effects of excessive alcohol use are therefore inconsistent with the church's goal of individual freedom to choose one's own path to self-fulfillment. Alcohol dependence negates the freedom for self-growth and the capacity for shaping one's own destiny. Certain uses of alcohol inhibit the realization of love for other individuals and other uses release destructive behavior and violence on society as a whole. Abstinence is therefore a positive, not a negative, recommendation. As the General Conference states, it "is a wise witness to God's liberating and redeeming love for mankind."

METHOD:

Discussion of the General Conference statement should take into consideration the other areas of concern about alcohol misuse discussed in the previous lessons. Since the ultimate decision concerning alcohol use rests with each person, a dialogue concerning responsible decision-making should be encouraged.

As in the previous lesson, the method to be followed must be adapted to the circumstances of time at hand and number of students.

The content is extensive and covers a wide variety of data, but the immediate and tragic relevance of the fact that between the ages of 15 and 25 more youth will die in accidents occasioned by alcohol than from ar[illegible] and all other diseases must be enough to interest the students in the search for a solution to the tragic consequences of problem drinking.

As the student searches for a solution to the tragic consequences of problem drinking may he always remember that a Christian's response in all things is not made for himself, the members of his family or for his

[5]*General Conference Resolution on Drug and Alcohol Concerns*, 1972.

[6]Matthews, James K., *Church Strategy in Alcohol Problems*, Address to the 28th International Congress on Alcohol and Alcoholism, Washington, D.C. 1968.

friends in a selfish way, instead all decisions are made in response to God's love and redeeming powers as seen in Jesus Christ, our Lord. The student should ask not what will my friends think about me, but, how can I respond in a way that will demonstrate not only my love for God but also my brotherly love for all mankind.

SUGGESTED ACTIVITIES FOR THE STUDENTS:

1. Read and discuss Biblical references to alcohol and to drunkenness, such as
   a. Leviticus 10:9 – admonition to Aaron not to drink so that he may have a clear mind.

      Leviticus 23:13 – directions for drink of wine during Passover.
   b. Numbers 6:3 – laws concerning Nazirite and non-drinking of wine (6:20 – after offering Nazirite may drink wine).
   c. Deut. 14:26 – exchange of money . . . for strong drink . . . you enjoy.
   d. I Kings 16:9 – excessive drinking of Elah helped Zimri to plot murder of Elah.

      I Kings 20:16 – Ben-hadad drinking heavily and Ahab's men marched to attack.
   e. Psalms 60:5 – God gave stupifying wine.
   f. Proverbs 20:1 – admonition to avoid alcohol due to the effect.

      Proverbs 31:4-7 – why princes should avoid, forget duties.
   g. Isaiah 24:9 - devastation of world; 28:7 – effects of strong drink.
   h. Joel 1:5 – awake drunkards and drinkers of wine.
   i. Luke 1:15 – John shall be great; never drinking wine; reason for this?
   j. Romans 14:21 – Christian admonition not to do anything to cause brother to stumble, including drink.
   k. I Timothy 5:23 – a little wine is good for ailments.
2. Discuss Wesley's criticism of distilled liquor in light of the present world food crisis.
3. Debate whether Wesley was incorrect in exempting wine and beer from his criticism.
4. Discuss the five-point social action outlined by General Conference and suggest ways it might be implemented in their own community.
5. List and discuss social conditions in their own community which may contribute to alcohol misuse.

6. Role-play and discuss ways in which alcohol dependence inhibits personal growth and personal freedom.
7. Debate whether the decision to abstain from alcoholic beverages should be a matter of individual choice.
8. Compose their own statement on alcohol for General Conference consideration.
9. "Until a person has the capacity to shape his own life within the possibilities open to him, he is not free." Discuss this statement in terms of what they have learned about alcohol abuse and in relation to the recommendation of abstinence.
10. Evaluate this curriculum in relation to responsible decision-making. Is the information provided relevant to their own life-styles? Is it accurate and significant? How might the curriculum be improved?

RESOURCES:

Apart from all the literature mentioned in our bibliography, there are many publications by the National Council of Churches and The United Methodist Church that can be used as background for this lesson.

Pastors and lay people from the church community will be very useful to bear witness of the precepts contained in this lesson.

EVALUATION:

Responses to questions and the revelation of attitudes will serve as a clear evaluation of the success of the lesson.

The Postcourse Questionnaire will give a more definite evaluation of the whole course. It is to be administered at the end of this lesson and should take about half an hour. The leader should point out that students should base their answers to the questions on the information they have received throughout the entire curriculum and not just from Lesson IV.

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Resources
Department of Drug and Alcohol Concerns
United Methodist Board of Church and Society
100 Maryland Avenue, N.E.
Washington, D.C. 20002

(Note: The following resources are obtainable from the above source)

General Conference Resolution of Drug and Alcohol Concerns (T415). From the 1972 General Conference. 20¢ each; 10 or more, 15¢; $10 per 100.

Alcohol: A Continuing Priority (E4075). A special issue of Engage Magazine. Discussion of the use of alcohol in our society and the church's response to drinking. 50¢ each; 10-24 copies, 45¢ each; 25-99 copies, 40¢ each; 100 or more, 35¢ each.

Alcohol and Personality (270). Discusses the psychological effects of alcoholism. $2.00 per 100.

Alcohol and the Human Body (268). Answers to questions concerning the physical effects of alcohol on the body. $2.00 per 100.

Alcohol Problems: A Report to the Nation (T-1178). Book. The report of the Cooperative Commission on the study of alcoholism. Disucsses means of preventing problem drinking and reviews recent advances in research and treatment. $1.50.

Alcoholism: You Too Can Help (T269). How to reach out to the alcoholic. $2.00 per 100.

Church Strategy in Alcohol Problems (T1179). by Bishop James K. Mathews. 50¢ each.

New Hope for the Drinking Driver: What the Religious Community Can Do (T429). Discusses the role of the religious community in preventing alcohol-related traffic accidents. 15¢ each; $5.00 per 100.

Problem Drinking (T1196). Report on the Task Force on Alcohol Problems. 35¢ each; $25.00 per 100.

The Ministry of the Congregation to the Alcoholic and His Family (T410). Steps church people can take to establish a climate of acceptance and enlightened concern regarding the alcoholic and his family. $3.00 per 100.

Problem Drinking: A Call to Action – 25 minutes, color. Describes a typical day in one community's fight against alcoholism through education and rehabilitation. Association Instructional Materials, 811 Third Avenue, New York, New York 10022.

Alcohol – A Resource Bulletin for Teachers – Bureau of Curriculum Development, Board of Education, City of New York, Curriculum Bulletin, 1971-72 – Series, N.4.

"Alcohol: A Continuing Priority," – *Engage*, Vol. 4, No. ii, August 1972.

"If You Choose to Drink, Drink Responsibly," Distilled Spirits Council of the United States, Inc., 1300 Pennsylvania Building, Washington, D.C. 20004.

Saltman, Jules, The New Alcoholics: Teenagers, Public Affairs Pamphlets, 381 Park Avenue South, New York, March, 1973.

Hancock, David C., I Can't Be An Alcoholic Because . . . , Lynville Treatment Center, Jordan, Minnesota, 1971.

– Report of the Task Force on Alcohol Problems, National Council of the Churches of Christ, New York, September 1973.

Victory Over Alcohol, Reprinted from and under copyright by Guideposts Associates, Inc., Caramel, New York.

New Hope, New Possibilities – A Report to the Religious Communities on the Alcohol Safety Action Projects, Prepared by North Conway Institute, Department of Transportation, National Highway Traffic Safety Administration, Boston, Mass.

Subject Area Bibliography on Sociocultural Aspects of Alcohol Use and Alcoholism, National Institute on Alcohol Abuse and Alcoholism, National Clearinghouse for Alcohol Information, Subject Area Bibliography 1-B-5, February 1974.

Alcohol and the Human Body, Publsihed by the General Board of Christian Social Concerns of the Methodist Church, Maryland Avneue, N.E., Washington, D.C.

If You Drink . . . What You Should Know and Do, The Ecumenical Council on Alcohol Programs, June 1970.

Understanding Alcoholism (T1169). by Howard J. Clinebell, Jr. An Adult fellowship series with leader's guide. 40¢ each.

Periodicals

Quarterly Journal of Studies on Alcohol, Rutgers University Center of Alcohol Studies, New Brunswick, New Jersey.

Journal of Alcohol Education. 3500 North Logan, Lansing, Michigan 48914.

Newsletter of the National Council on Alcoholism. 2 East 45th Street, New York, New York 10017.

Connecticut Review on Alcoholism. Alcohol and Drug Dependence Division, Connecticut State Department of Mental Health, 51 Coventry Street, Hartford, Conn. 06112.

Audio Visuals

Alcohol Education: What We Should Know About Alcohol, 1957. Cleveland Health Museum, 8911 Euclid Avenue, Cleveland, Ohio 44106 – A series of 6 color slides (35mm) examining alcohol use in society and various alcohol and social problems. Selected pamphlets and extensive study guide included. Junior and senior high school.

Alcohol Education Information and Content Flip Chart, undated. Winston Products for Education, P.O. Box 11219, San Diego, California 92112 – Flip chart which presents basic information on alcohol use and abuse – 61 pages, 16½ x 23½ inches, accompanied by instructor's guide. For junior and senior high audiences and adults.

Dial a Drink, 1970 – Spenco Medical Corp., P.O. Box 8113, Waco, Texas 76710 – A cardboard wheel which correlates amount and type of beverage consumed with blood alcohol levels, efforts, metabolism, driving safety level, accident risk, and legal driving status. For junior high, senior high, college and adult audiences.

Alcohol and You – 26 minutes, color – Examines the reasons Americans drink and why some become alcoholics. BFA Educational Media, 2211 Michigan Avenue, Santa Monica, Cal. 90404.

Alcohol: The Social Drug/The Social Problem. 2-parts, 35 minutes – Describes social drinking patterns and social problems originating from problem drinking and alcoholism. Guidance Association, Inc. Pleasantville, N.Y. 10570.

Alcohol Education: What We Should Know About Alcohol. Film-strip, color, 66 slides and discussion manual. Discusses physical and behavioral effects of alcohol use. Cleveland Health Museum, 8911 Euclid Avenue, Cleveland, Ohio 44106.

ADDITIONAL RESOURCES

The Rev. David A. Works, North Conway Institute
8 Newbury Street, Boston, Mass. 02116
Phone: 617 – 262-2433

Connecticut State Department of Education
165 Capitol Avenue
Hartford 06115

Alcohol and Drug Dependence Division
Connecticut State Department of Mental Health
51 Coventry Street
Hartford 06112

North American Association of Alcoholism Programs
Suite 615, 1130 Seventeenth Street, N.W.
Washington, D.C. 20036

Rutgers University Center of Alcohol Studies
New Brunswick, New Jersey 08903

Alcoholics Anonymous, Inc.
P.O. Box 459, Grand Central Station
New York, New York 10017

American Medical Association
535 No. Dearborn Street
Chicago, Illinois 60610

National Institute of Mental Health
U.S. Department of Health, Education and Welfare
Bethesda, Maryland 20014

Al-Anon Family Group Headquarters
P.O. Box 182, Madison Square Garden
New York, New YOrk 10010

National Clearinghouse for Alcohol Information
National Institute on Alcohol Abuse and Alcoholism
P.O. Box 2345
Rockville, Maryland 20760

National Council on Alcoholism
2 Park Avenue
New York, New York 10016

United Methodist Board of Church and Society
Department of Drug and Alcohol Concerns
100 Maryland Avenue, N.E.
Washington, D.C. 20002

APPENDIX A:

ALCOHOL AND YOU

INSTRUCTIONS
FOR USING AND INTERPRETING
PRECOURSE AND POSTCOURSE QUESTIONNAIRES

Ruth Hargraves
Roy D. Mallett
Thelma M. Williams

NEW YORK CONFERENCE
UNITED METHODIST CHURCH
210 BOSTON POST ROAD
RYE, N.Y. 10580
–1976–

THE PRECOURSE AND POSTCOURSE QUESTIONNAIRES INSTRUCTIONS FOR USE

With the object of evaluating this curriculum, brief precourse and postcourse questionnaires have been designed. Though these questionnaires can be supplemented by additional questions suggested during the development of the course, it is important to have a minimum of comparable data that can only be obtained from a unified instrument as the ones presented.

The Precourse Questionnaire:

The precourse questionnaire contains three types of questions: factual knowledge, personal knowledge and attitudes.

The questions of factual knowledge try to elicit the amount of information the students have of alcohol and its consequences prior to taking the course. The questions on personal knowledge intend to measure the degree of personal experience that the students have with alcoholic beverages. The attitudinal questions will give some information on the attitudes and prejudices that the students bring to the course.

Answers to the Knowledge questions are:

Question 1. FALSE (The harmful consequences are obvious.)
Question 2. TRUE (Most people are not compulsive alcoholics.)
Question 3. TRUE (As explained in Lesson II.)
Question 4. FALSE (It is a depressant.)
Question 5. TRUE (A tragic statistic, the relevance of which will not escape our students.)

The Postcourse Questionnaire:

The postcourse questionnaire has also three kinds of questions; knowledge, attitudes and personal opinions about the course.

The questions on knowledge intend to assert the knowledge of facts acquired by the students during the course. Many of the questions from the precourse questionnaire have been repeated for purposes of comparison.

The questions on attitude try to determine whether the students' attitudes have been changed by the course or whether their prejudices have been validated or corrected.

The questions on their opinions about the course will help in the improvement of our efforts and in the restructuring of the curriculum to serve better our goals.

It is worthwhile to repeat that the teacher should emphasize that the attitudinal questions do not have a "right" or "wrong" answer but that we are interested in "honest" answers.

It will also be useful to express that we are not testing the students by means of these questionnaires, but the curriculum.

Answers to the knowledge questions are:

Question 1. FALSE
Question 2. TRUE
Question 3. TRUE
Question 4. TRUE
Question 5. FALSE
Question 6. 90%
Question 7. Two to three minutes
Question 8. 35%
Question 9. All the above
Question 10. Cirrhosis - Hepatitis - Fatty Liver - Cancer

We request the cooperation of you, the team leader, to submit with the completed questionnaires, personal commentaries that will enable us to improve the curriculum according to the experience that only you can provide.

As it is important to centralize all data from all of the churches, we would be very thankful if you mail the questionnaires and comments to:

Dr. Thelma M. Williams,
Chairperson, Task Force on Alcohol Education
The United Methodist Center
210 Boston Post Road
Rye, N.Y. 10580

ALCOHOL AND YOU

PRECOURSE QUESTIONNAIRE
FORM A

Ruth Hargraves
Roy D. Mallett
Thelma M. Williams

NEW YORK CONFERENCE
UNITED METHODIST CHURCH
210 BOSTON POST ROAD
RYE, N.Y. 10580
–1976–

ALCOHOL AND YOU

PRECOURSE QUESTIONNAIRE

Factual Knowledge

Check True or False according to what you believe to be the right answer.

1. Alcohol only affects people who are weak. If you are healthy, you can drink in quantities without harmful consequences.
   ☐ TRUE ☐ FALSE
2. Most people can control their drinking so that they don't become compulsive alcoholics.
   ☐ TRUE ☐ FALSE
3. The behavior of an individual under the influence of alcohol is directly related to the degree of concentration of alcohol in the blood and the brain.
   ☐ TRUE ☐ FALSE
4. Alcohol is a useful stimulant.
   ☐ TRUE ☐ FALSE
5. Alcohol attributed deaths among 15 to 25 years old are more than those caused by all diseased combined.
   ☐ TRUE ☐ FALSE

Personal Knowledge

Answer the following questions the best way you can, filling in the blanks.

6. The alcoholic beverage most widely consumed is . . . . . .
   . . . . . .
   . . . . . .
7. What is a Cuban Libra? . . . . . .
8. How do you make a Martini? . . . . . .
   . . . . . .
   How do you make a Manhattan? . . . . . .
   . . . . . .
9. List three brands of whiskey. . . . . .
   . . . . . .
   . . . . . .

10. My favorite drinks are: (Please List)

1. .....
2. .....
3. .....

Attitudes

The following questions do not have a right or wrong. Just fill in the gaps:

11. Some people drink because .....
.....
and others drink .....
.....

12. A person who does not drink any kind of alcohol is a .....
.....
.....

13. A man who drinks too much should be .....
.....
.....

14. What should we do with people in Skid Row?.....
.....
.....

15. Alcoholism is: (check one)

☐ A crime ☐ A disease ☐ A misdemeanor
☐ A way to feel good

Your answers to these questions will help to improve this Course.

16. What do you expect to get from this course? .....
.....
.....
.....
.....

17. What do you think should be included in this course? .....
.....
.....
.....
.....

18. What do you think should be the role of the church in regard to the drinking of alcohol? . . . . . .

. . . . . .

. . . . . .

NAME _____ AGE _____

CHURCH _____

DISTRICT _____

Any other comments? _____

_____

ALCOHOL AND YOU

POSTCOURSE QUESTIONNAIRE
FORM B

Ruth Hargraves
Roy D. Mallett
Thelma M. Williams

NEW YORK CONFERENCE
UNITED METHODIST CHURCH
210 BOSTON POST ROAD
RYE, N.Y. 10580
–1976–

ALCOHOL AND YOU

POSTCOURSE QUESTIONNAIRE

This Questionnaire is to evaluate the success or lack of it of the course, not you personally.

Check True or False according to what you have learned in this course.

1. Alcohol only affects people who are predisposed to it. Healthy people can drink in large quantities without harmful consequences.
   ☐ TRUE ☐ FALSE
2. The great majority of people can control their drinking so that they don't become compulsive alcoholics.
   ☐ TRUE ☐ FALSE
3. The degree of alcohol concentration in the blood and the brain are directly related to the behavior of an individual under the the influence of alcohol.
   ☐ TRUE ☐ FALSE
4. More deaths between the ages of 15 and 25 are attributed to alcohol than to all diseases combined.
   ☐ TRUE ☐ FALSE
5. Alcohol is useful as a stimulant.
   ☐ TRUE ☐ FALSE

Check the answer that you think is correct:

6. What percentage of those in prison for serious crimes blame their criminal behavior on excessive drinking habits?
   ☐ 25% ☐ 90% ☐ 43% ☐ 67%
7. How long after a few sips of a drink does it take for alcohol to be detected in the blood stream?
   ☐ Half an hour ☐ One to Two Hours
   ☐ Two to Three minutes ☐ Ten to twenty minutes
8. What percentage of all deaths between the ages of 15 and 25 are directly attributed to alcohol use?
   ☐ 10% ☐ 15% ☐ 27% ☐ 35%
9. The United Methodist Church urges us to accept alcoholism as a
   ☐ Social Problem ☐ Medical Problem
   ☐ Behaviorial Problem ☐ All the above
10. Because of the essential role played by the liver in oxidizing alcohol, breaking it down into substances that the body can use, illnesses of this organ are a major cause of death in people who drink in excess.

    Can you name some of these illnesses?

    .....

    .....

Attitudes

The following questions do not have a right or wrong answer. Just fill in the gaps:

11. Some people drink because . . . . . .
    . . . . . .
    . . . . . .
    while others drink . . . . . .
    . . . . . .
    . . . . . .
12. I consider a person who does not drink any kind of alcohol a . . . . . .
    . . . . . .
    . . . . . .
    . . . . . .
13. A man who drinks in excess should be . . . . . .
    . . . . . .
    . . . . . .
14. What should we do with people on Skid Row? . . . . . .
    . . . . . .
    . . . . . .
15. Alcoholism is: (check one)
    - ☐ How some people get their "kicks"
    - ☐ A misdeed, a misdemeanor
    - ☐ A felony, a crime
    - ☐ A disease like any other
16. What did you personally get out of this course? . . . . . .
    . . . . . .
    . . . . . .
    . . . . . .
    . . . . . .
    . . . . . .
17. What do you think should be thr role of the church in regards to the drinking of alcohol? . . . . . .
    . . . . . .
    . . . . . .
    . . . . . .

18. Should this course be taught to:

Younger students?	☐ Yes	☐ No
Adults	☐ Yes	☐ No

NAME _____ AGE _____

CHURCH _____

DISTRICT _____

Any other comments? _____

_____

_____

APPENDIX B

HOW TO JUDGE TEACHING MEDIA AND RESOURCES

HOW TO JUDGE TEACHING MEDIA AND RESOURCES

Teaching media and resources are needed as aids and references to complement this curriculum. Their selection will be the responsibility of the local leadership.

The lists included in our Bibliography are quite comprehensive, but additions should be considered.

When items not listed are selected, the paramount consideration should be that they will further the specific objectives of the Alcohol Education program.

The following guidelines may be used in determining the suitability of additional resource materials. The items selected should:

1. Present information that will help young people think through their own attitudes and behavior in relation to alcohol.

2. Not use scare tactics directly or indirectly.

3. Concern themselves with the spiritual, moral or sociological aspects of alcohol choice, and not only with the physiological consequences.

4. Not give the impression that it answers all the questions.

5. Factually present the problems created by alcohol abuse as well as the socially condoned uses.

6. Present accurate information on the Church's position and God's redeeming love.